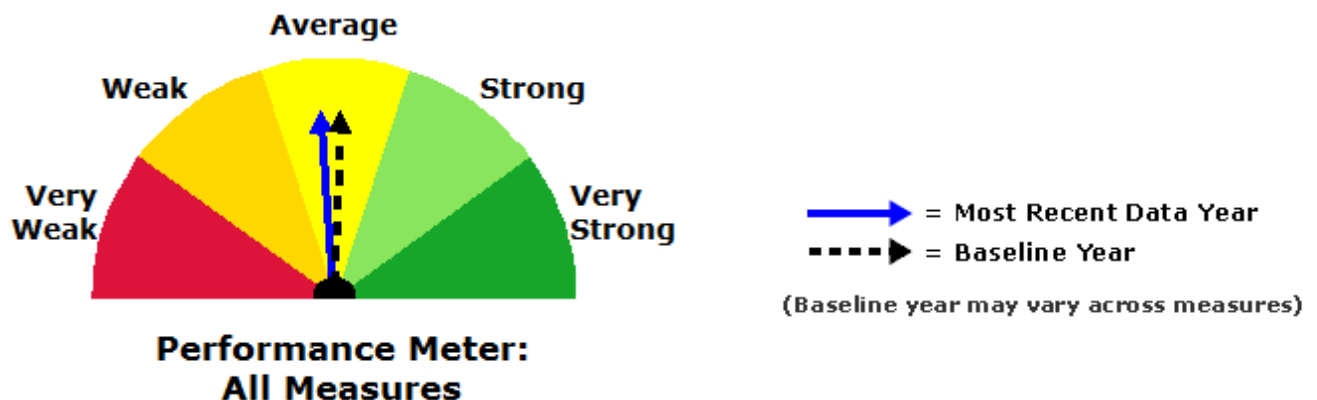


IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN: DASHBOARD ON HEALTH CARE QUALITY COMPARED TO ALL STATES

Overall Health Care Quality

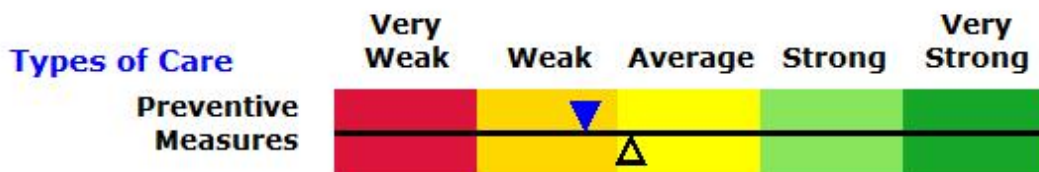
Compared to other states, Idaho's quality of care measurement scores as reported by the 2011 National Healthcare Quality Report (NHQR) for Idaho, are considered to be average in most areas. But as of 2011, there was a noted trend of degraded quality of care scores in several areas. For instance, acute and hospital quality of care measures scored in the very strong range in 2010 (baseline year); both were scored as only strong the following year. More importantly, preventive measures and maternal and child health quality of care measure scores that were considered average in 2010, were scored as weak in 2011. The following are Idaho results of the 2011 National Healthcare Quality Report:

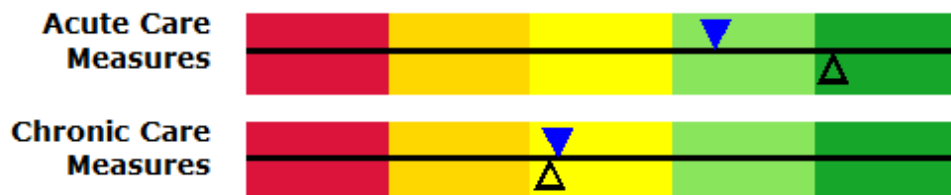


National Healthcare Quality Report (NHQR) for Idaho, 2011

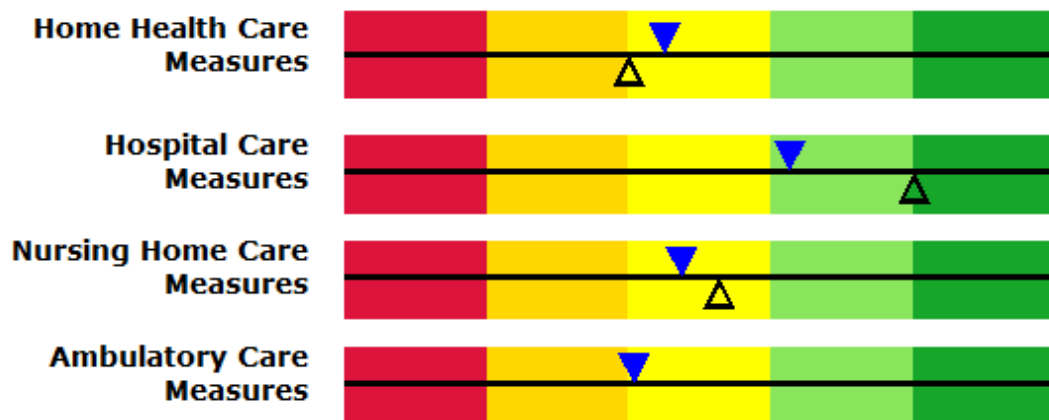
Current State 2011:

- ▼ Most Recent Data Year
- △ Baseline Year

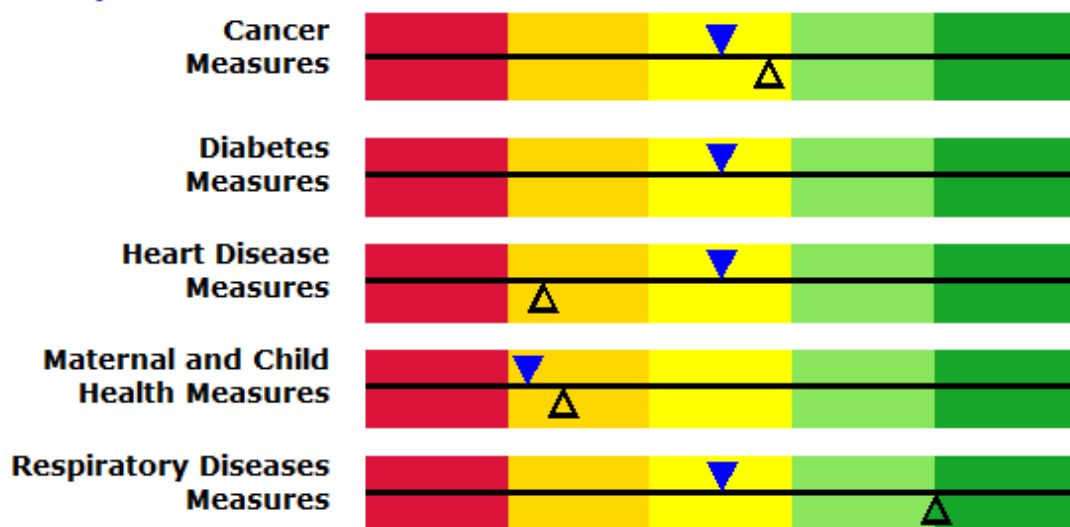




Settings of Care



Care by Clinical Area



Additionally, medical conditions and population health factors were also evaluated and used to identify needed core measures. Population health is defined as the factors that influence the health outcomes of groups of individuals, including the distribution and equity of such outcomes across various segments of society (adopted from Kindig et al *Am J Public Health*. 2003; 93:380–383). Through these various approaches to understanding the quality of health care in Idaho, the following table is a summary of these key areas for evaluation and the associated proposed to create or augment baseline core measure for year

PM Name	PM Description	Rationale
Screening for clinical depression	Percentage of patients aged 10 years and older screened for clinical depression using a standardized tool and follow up plan documented. (Age adjusted to address the potential of suicide in adolescent males).	Mental health statistics ¹ In Idaho, 22.5% of persons aged 18 or older had a mental illness and 5.8% had serious mental illness in 2008–2009 while 7.5% of persons aged 18 or older had a major depressive episode (MDE). During the period of 2005–2009, 9% of persons aged 12–17 had a past MDE. Suicide is the second leading cause of death for Idahoans aged 15–34 and for males aged 10–14 (per 2012 Suicide Prevention Action Network Fact Sheet).
*Aligns with Healthy people 2020		
Measure pair: (a.) tobacco use assessment	Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period.	Cigarette smoking ² In Idaho, 16.9% of the adult population were smokers in 2010 (>187,000 individuals). Idaho ranked 15 in the country in prevalence of adult smokers and its smoking-attributable mortality rates ranked 8 among the states.
(b.) tobacco cessation Intervention (SIMS)	Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period	

¹ Mental Health, United States, 2010 Report produced by the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration viewable at <http://www.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf>

² Center for Disease Control-Tobacco Control State Highlights for 2010 published in 2011 viewable at http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/pdfs/states/idaho.pdf

PM Name	PM Description	Rationale
Asthma emergency department visits	Percentage of patients with asthma who have greater than or equal to one visit to the emergency room for asthma during the measurement period.	Asthma While asthma prevalence (those with current asthma) was 8.8% in 2010 and has not changed significantly during the 10-year tracking period, reduction of emergency treatment for uncontrolled asthma is a reflection of high quality patient care and patient engagement.
Acute care hospitalization (risk-adjusted)	Percentage of patients who had to be admitted to the hospital	While Idaho has one of the country's lowest hospital admission rates in the country (81/1000, 2011), this measure is still held as one of the standards for evaluation of utilization, and appropriate use of hospital services as part of an integrated network.
Emergency care without hospitalization (risk-adjusted)	Percentage of patients who had to use a hospital emergency department	While Idaho has one of the country's lowest hospital emergency room utilization rates in the country (327/1000, 2011) , this measure is still held as one of the standards for evaluation of utilization and appropriate use of emergency services, as well as a reflection of quality and patient engagement in primary care related to avoidable treatment
Low birth weight rate (PQI 9)	This measure is used to assess the number of low birth weight infants per 100 births. See notes.	While Idaho's percentage of low birth weight babies is low compared to the national average, the opportunity to improve prenatal care across settings is an indicator of system quality and the need is reflected in the negative score trend of maternal and child health measures in the 2011 NHRQ Report. 1,355 babies had low birth weights in 2011, compared to 1,160 in 1997.

PM Name	PM Description	Rationale
Postoperative hip fracture rate (PSI 8)	Rate per 1,000 discharges	This indicator measures how often hospitalized patients broke a hip bone from a fall following any kind of operation. This event is considered preventable with proper medical and nursing care. Cases from a nationwide inpatient sample (AHRQ) had 4.5% excess mortality, 5.2 days of excess hospitalization, and \$13,441 in excess hospital charges, relative to carefully matched controls.
Adherence to antipsychotics for individuals with schizophrenia	Assess the use of and the adherence of antipsychotics among members with schizophrenia during the measurement year	Idaho has a 100% shortage of mental health providers statewide. Without these critical health care service providers, there is little or no support for patient engagement and medication adherence. Improved adherence states may be a reflection of an expanded work force and improved access to care.
Weight assessment and counseling for children and adolescents (SIMS)	Percentage of children, 2 through 17 years of age, whose weight is classified based on body mass index (BMI), who receive counseling for nutrition and physical activity.	Children In 2011, 13.4% were overweight as defined by being above the 85 th percentile but below the 95 th percentile for BMI by age and sex, while 9.2% were obese, i.e. at, or above the 95 th percentile for BMI by age and sex. ³

³ Results of the 2011 Idaho Youth Risk Behavior Study, Published by the Idaho Department of Education, viewable at <http://www.sde.idaho.gov/site/csh/docs/YRBS%202011.pdf>

PM Name	PM Description	Rationale
Comprehensive diabetes care (SIMS)	Optimal diabetes care The percentage of patients 18-75 with a diagnosis of diabetes, who have optimally managed modifiable risk factors (A1c<8.0%, LDL<100 mg/dL, blood pressure<140/90 mm Hg, tobacco non-use and daily aspirin usage for patients with diagnosis of IVD) with the intent of preventing or reducing future complications associated with poorly managed diabetes.	Diabetes ⁴ Adult diabetes prevalence in 2010 was 8.0%. Overall, this represented one in 12 people in the State.
Access to care	Attestation measure to ensure that members have adequate and timely access to primary care physicians (PCPs), behavioral health, and dentistry. (Measure adjusted to reflect shortages in Idaho.)	Idaho has a critical access shortage of primary care physicians, behavioral health providers, and dentists across the State which impedes access and timely access to the appropriate level of care. ⁵

⁴ 2010 Report: At A Glance. Published by IDHW, Public Health Division, Bureau of Community and Environmental Health published 2011 viewable at http://www.healthandwelfare.idaho.gov/Portals/0/Health/atag glance_LR.pdf

⁵ Results of the 2011 Idaho Youth Risk Behavior Study, Published by the Idaho Department of Education, viewable at <http://www.sde.idaho.gov/site/csh/docs/YRBS%202011.pdf>

PM Name	PM Description	Rationale
Childhood immunization status	Percentage of children two years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates	While there have been significant improvements in immunization rates, Idaho ranks 43 in the nation with an immunization rate of 87.33% in 2012, * aligns with Healthy People 2020.
Adult BMI Assessment	The percentage of members 18 to 74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.	<p>Weight</p> <p>Adults – 62.9% of adults in Idaho were overweight, and 26.9% of adults in Idaho were obese in 2010.</p> <p>Children – In 2011, 13.4% were overweight as defined by being above the 85th percentile but below the 95th percentile for BMI by age and sex while 9.2% were obese, i.e. at or above the 95th percentile for BMI by age and sex.⁶</p>
Non-malignant opioid use	Percent of patients chronically prescribed an opioid medication for non-cancer pain (defined as three consecutive months of prescriptions) that have a controlled substance agreement in force (updated annually) – target is 100%.	<p>Illicit drug use⁷</p> <p>From 2010–2011, Idaho had the fourth highest non-medical use of prescription pain relievers in the country for persons aged 12 or older at 5.73%.</p>

⁶ Results of the 2011 Idaho Youth Risk Behavior Study, Published by the Idaho Department of Education, viewable at <http://www.sde.idaho.gov/site/csh/docs/YRBS%202011.pdf>

⁷ National Survey on Drug Use and Health, SAMHSA released January 8, 2013 viewable at <http://www.samhsa.gov/data/2k12/NSDUH115/sr115-nonmedical-use-pain-relievers.pdf>

In Year 1 of the model testing phase, the goal is to implement these core measures that address the most significant opportunities for improvement, and expand the breadth of quality improvement reporting, becoming more comprehensive and expansive as the transformation of Idaho's health care system progresses.

In Year 2 of the model testing phase, the goal is to evaluate results in context of previous measurements statewide or to establish statewide baselines for these measurements. Concurrently, community stakeholders as part of an advisory board will conduct and coordinate community assessments in order to identify local quality improvement opportunities, and adopt appropriate measures available from an expansive catalog of multi-payer measurements. The performance measure catalog is developed initially in Year 1 and populated by both the core measures as defined in this document, but also with other important measures that reflect population health status needs for Idaho. The catalog will be continually developed throughout the model testing process. Community advisory boards will report statewide and locally adopted performance measures to a state level committee.

In Years 3-5, Idaho clinical quality and population health improvement efforts will be supported by a constant feedback loop of data that drives the assessment of improvement, as well as the identification of opportunities for community initiative development, adoption of evidenced based guidelines and other approaches that drive best practices in health and wellness.